

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 4	
1. CONTRACT PURCH ORDER/AGREEMENT NO. W56HZV-04-D-0167			2. DELIVERY ORDER/CALL NO. 0007		3. DATE OF ORDER/CALL (YYYYMMDD) 2007MAY09		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY DOA4		
6. ISSUED BY U.S. ARMY TACOM LCMC AMSTA-AQ-ATAC MONICA R. WALKER (586)574-6359 WARREN, MICHIGAN 48397-5000 HTTP://CONTRACTING.TACOM.ARMY.MIL WEAPON SYSTEM: WPN SYS: PN EMAIL: MONICA.WALKER2@TACOM.ARMY.MIL			CODE W56HZV	7. ADMINISTERED BY (If other than 6) DCMA DETROIT U.S. ARMY TANK & AUTOMOTIVE COMMAND (TACOM) ATTN: DCMAE-GJD WARREN, MI 48397-5000 SCD: B PAS: NONE ADP PT: HQ0337			CODE S2305A	8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)			
9. CONTRACTOR GMA COVER CORP 2440 20TH STREET PORT HURON, MI 48060-6436 NAME AND ADDRESS TYPE BUSINESS: Other Small Business Performing in U.S.			CODE OV8C5	FACILITY	10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE			11. X IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED			
12. DISCOUNT TERMS Net 30 Days			13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15			14. SHIP TO SEE SCHEDULE			15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER DFAS-CO/NORTH ENTITLEMENT OPERATION P.O. BOX 182266 COLUMBUS OH 43218-2266		
16. TYPE OF ORDER DELIVERY/CALL PURCHASE			X	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT. Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
<div style="display: flex; justify-content: space-between;"> NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED (YYYYMMDD) </div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT	
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA MARIE T. GAPINSKI /SIGNED/ MARIE.GAPINSKI@US.ARMY.MIL (586)574-5333 BY: _____ CONTRACTING/ORDERING OFFICER				25. TOTAL \$1,487,916.13		26. DIFFERENCES	
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. D.O. VOUCHER NO.		30. INITIALS		
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS			31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.							34. CHECK NUMBER				
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER					35. BILL OF LADING NO.				
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

Name of Offeror or Contractor: GMA COVER CORP

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0013	NSN: 2540-01-434-8598 FSCM: 19207 PART NR: 57K3501 SECURITY CLASS: Unclassified				
0013AA	<u>PRODUCTION QUANTITY</u> NOUN: COVER,FITTED,VEHICULAR PRON: EH75S871EH PRON AMD: 01 ACRN: AA AMS CD: 070011 The following part numbers are also acceptable: P/N: 53952 CAGE: 0V8C5 GMA Cover Corp. 				

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ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<div>0111130390</div> <div>0121130420</div> <div>0131130450</div> <div>0141130480</div> <div>0151130510</div> <div>0161050540</div> <div>FOB POINT: Origin</div> <div>SHIP TO: (SW3227) DEF DIST DEPOT RED RIVER RECEIVING BLDG 499 10TH STREET AND K AVENUE TEXARKANA TX 75507-5000</div> <div>CONTRACT/DELIVERY ORDER NUMBER W56HZV-04-D-0167/0007</div> <div>DOC SUPPL</div> <div>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</div> <div>002 W56HZV7120T681 W62G2T J 2</div> <div>DEL REL CD QUANTITY DAYS AFTER AWARD</div> <div>0011120090</div> <div>0021120120</div> <div>0031120150</div> <div>004730180</div> <div>FOB POINT: Origin</div> <div>SHIP TO: (W62G2T) XU DEF DIST DEPOT SAN JOAQUIN 25600 S CHRISMAN ROAD REC WHSE 10 PH 209 839 4307 TRACY CA 95304-5000</div> <div>CONTRACT/DELIVERY ORDER NUMBER W56HZV-04-D-0167/0007</div>				

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CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/ <u>ITEM</u> <u>MIPR</u>	OBLG <u>ACRN</u> <u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>	JOB ORDER <u>NUMBER</u>	ACCOUNTING <u>STATION</u>	OBLIGATED <u>AMOUNT</u>
0013AA	EH75S871EH 070011	AA 2	97 X4930AC6D 6D	26FB S20113	W56HZV \$	1,487,916.13
					TOTAL \$	1,487,916.13

SERVICE <u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>	ACCOUNTING <u>STATION</u>	OBLIGATED <u>AMOUNT</u>
Army	AA	97 X4930AC6D 6D	26FB S20113	W56HZV \$ 1,487,916.13
				TOTAL \$ 1,487,916.13

<u>ACRN</u>	<u>EDI ACCOUNTING CLASSIFICATION</u>
AA 97 0X0X4930AC6D S20113	76D00000700110000026FB S20113